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## \*BIBDATASHEET\*

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## APPLICANTS

Jamie Crawford, New York, NY;  
Frank Francavilla, Branchville, NJ;  
Roger Groskopf, Saddle Brook, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
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## VERIFIED AND ACKNOWLEDGED

Verified and Acknowledged Examiner's Signature Initials

ADDRESS David W. Hight, Esq. Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, NJ07417-1880
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## TITLE

Safety device for a syringe

FILING FEE RECEIVED 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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